

NATIONAL PROVIDER CALL:
Physician Quality Reporting System
(Physician Quality Reporting, formerly PQRI)
and
Electronic Prescribing (eRx)
Incentive Program

September 13, 2011

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Agenda



- ◆ Announcements
- ◆ 2011 eRx Final Rule
- ◆ Questions & Answers

CMS Staff

ANNOUNCEMENTS

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2011 eRx FINAL RULE

eRx Background



- ◆ What is the Medicare eRx Incentive Program?
 - ◆ Program established by MIPPA legislation in 2009 to encourage eligible professionals to adopt electronic prescribing systems
- ◆ 2011 eRx Incentive Program
 - ◆ 1% incentive payment (of total estimated allowed charges for Medicare Part B PFS covered professional services)
 - ◆ Reporting mechanisms: Claims, qualified* registry, qualified* EHR
 - ◆ Reporting period: January 1-December 31, 2011
 - ◆ For successful reporting under the 2011 eRx Incentive Program, a single quality-data code (G8553) should be reported for denominator-eligible visits
 - ◆ See <http://www.cms.gov/ERxIncentive>

** Only registries and EHR vendors considered “qualified” for the 2011 Electronic Prescribing Incentive Program are eligible to report this measure using this method.*

eRx Background (cont.)



◆ Requirements – 2011 incentive

◆ Individual eligible professionals

- ◆ Report eRx measure (via claims, qualified registry, or qualified EHR) on at least 25 unique eRx events for patients in the denominator of the measure during the January 1-December 31, 2011 reporting period; and
- ◆ 10% of your Medicare Part B PFS charges must be comprised of codes in the measure's denominator to be eligible for an incentive

◆ Selected group practices using GPRO reporting option

- ◆ Depending on size, report the eRx measure (via claims, qualified registry, or qualified EHR) for at least 75-2,500 unique eRx events for patients in the denominator of measure between January 1 and December 31, 2011
- ◆ 10% of Medicare Part B PFS charges must be from codes in the measure's denominator to be incentive eligible

eRx Background (cont.)



- ◆ eRx provides a combination of incentives and payment adjustments to encourage electronic prescribing
- ◆ Beginning in 2012, the eRx program is legislatively mandated to assess payment adjustments on eligible professionals who are not successful electronic prescribers

eRx Background (cont.)



◆ Requirements: 2012 payment adjustment

◆ For individual eligible professionals, 2012 eRx payment adjustment (1.0% less than PFS amount for that service) is NOT applicable if one of the following applies:

◆ You are NOT a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of June 30, 2011 – based on primary taxonomy code in the National Plan and Provider Enumeration System (NPPES);

OR

◆ You do not have prescribing privileges and reported G-code G8644 at least one time on an eligible claim prior to June 30, 2011;

eRx Background (cont.)



◆ Requirements: 2012 payment adjustment (cont.)

- ◆ You did not have at least 100 cases containing an encounter code in the eRx measure's denominator with dates of service between January 1 and June 30, 2011 and processed to the National Claims History (NCH) file by July 29, 2011;
OR
- ◆ Less than 10% of your Medicare Part B PFS total allowed charges were comprised of codes in the measure's denominator;
OR
- ◆ You reported a significant hardship code and we determined that the hardship code applies;
OR
- ◆ You were a successful electronic prescriber
 - ◆ Reported eRx measure via claims for at least 10 unique eRx events for patients in denominator of measure with dates of service between January 1 and June 30, 2011 and processed by July 29, 2011

eRx Background (cont.)



- ◆ Requirements: 2012 payment adjustment (cont.)
 - ◆ For a group practice participating in eRx Group Practice Reporting Option (GPRO I or II), the 2012 eRx payment adjustment is NOT applicable if:
 - ◆ GPRO reported a significant hardship code in their 2011 self-nomination letter for participating in Physician Quality Reporting System and eRx Incentive Program as a group practice and we determined the hardship exemption applies;
OR
 - ◆ Less than 10% of Medicare Part B PFS total allowed charges were comprised of codes in the measure's denominator
 - ◆ GPRO is a successful electronic prescriber
 - ◆ Depending on size, reported the eRx measure via claims for at least 75-2,500 unique eRx events for patients in the denominator of measure with January 1 - June 30, 2011 dates of service and processed by July 29, 2011

2011 eRx Final Rule: Overview



- ◆ On September 6, 2011, CMS published a final rule entitled, “Changes to the Electronic Prescribing (eRx) Incentive Program”, which provides changes to the 2011 eRx Incentive Program
 - ◆ <http://www.gpo.gov/fdsys/pkg/FR-2011-09-06/pdf/2011-22629.pdf>

2011 eRx Final Rule: Details



1. Modifies existing eRx measure to expand the definition of a “qualified” eRx system to include Certified EHR Technology
2. Provides *additional* significant hardship exemption categories for 2012 eRx payment adjustment
 - ◆ Eligible professionals who register to participate in 2011 Medicare or Medicaid EHR Incentive Program and adopt Certified EHR Technology;
 - ◆ Inability to electronically prescribe due to local, state, or federal law or regulation (e.g., controlled substances);
 - ◆ Limited prescribing activity; or
 - ◆ Insufficient opportunities to report eRx measure due to limitations in measure’s denominator

2011 eRx Final Rule: Details (cont.)



Note: Other 2012 eRx payment adjustment significant hardship exemption categories include:

- ◆ The practice is located in a rural area without high-speed Internet access
 - ◆ The practice is located in an area without sufficient available pharmacies for electronic prescribing
3. Allows eligible professionals to request significant hardship exemption to 2012 eRx payment adjustment by November 1, 2011
- ◆ Please follow outlined request process

How to Submit 2012 eRx Payment Adjustment Significant Hardship Exemption Request



- ◆ Any eligible professionals reporting hardships between now and November 1, 2011 will only be able to do so via a new website
 - ◆ Hardship requests can no longer be reported via claims for purposes of 2012 payment adjustment
- ◆ If you are an individual eligible professional:
 - ◆ Use our new provider website – **Quality Reporting Communication Support Page** – under Related Links at <http://www.qualitynet.org/pqrs> to enter request and supporting rationale
 - ◆ Or directly at https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234
 - ◆ See instructions posted on site
 - ◆ Request must be submitted by **November 1, 2011**
 - ◆ Contact QualityNet Help Desk if you do not have Internet access or need assistance

How to Submit 2012 eRx Payment Adjustment Significant Hardship Exemption Request (cont.)



- ◆ If you are a group practice participating in the eRx GPRO:
 - ◆ Submit letter to:
 - Significant Hardship Exemptions
 - Centers for Medicare & Medicaid Services
 - Office of Clinical Standards and Quality
 - Quality Measurement and Health Assessment Group
 - 7500 Security Boulevard
 - Mail Stop S3-02-01
 - Baltimore, MD 21244-1850
 - ◆ Letter must be postmarked no later than **November 1, 2011**

Quality Reporting Communication Support Page



- ◆ Available under Related Links on the Portal (<http://www.qualitynet.org/pqrs>) or directly at https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234

QualityNet

Related Links

- + CMS
- + Quality Improvement Resources
- + Measure Development
- + Consensus Organizations for Measure Endorsement/Approval
- + **Communication Support Page**

Guest Instructions

Welcome to the Physician and Other Health Care Professionals Quality Reporting Portal. Please click on the Sign In button located in the center of the page.

User Guides

- PQRI Portal User Guide
- PQRI/eRx SEVT User Guide
- PQRI/eRx Submission User Guide
- PQRI/eRx Submission Report User Guide
- 2009 PQRI Feedback Report User Guide
- 2009 eRx Feedback Report User Guide

Verify Report Portlet

This tool is used to verify if a feedback report exists for your organization's TIN or NPI.

NOTE: The TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid PQRI quality data codes.

TIN NPI

Lookup

Guest Announcement

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRI feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the web application. TIN-level reports should be shared only with others within the practice who have a vested interest in the summarized quality data. Sharing of other PQRI participants' information is acceptable only if the individual EP has authorized the TIN to do so. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Physician and Other Health Care Professionals Quality Reporting Portal

Sign In to your Portal

If you do not have an account, please [register](#).

[Forgot your password?](#)

For assistance with new & existing IACS accounts, review the [Quick Reference Guides](#).

Notice: If you have not used your IACS account within the past 60 days or more, your account has been temporarily disabled as required by the CMS security policy. You should have received an e-mail at the e-mail address associated with your IACS account profile instructing you how to get your account re-enabled. If you need further assistance, please contact the EUS Help Desk at 1-866-484-8049 or TTY: 1-866-523-4759.

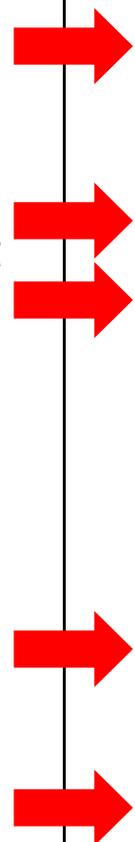
NOTICE: The new 'PQRI Alternative Feedback Report Request Process' can be used by all EPs who participated in PQRI (for whom a feedback report is available). This process does not require an IACS user ID and password. The EP (TIN and NPI) can call their respective Carrier and A/B MAC Provider Contact Center to request an individual NPI level feedback report. Additional information about the PQRI Alternative Feedback Report Request Process can be found by accessing special edition Medicare Learning Network (MLN) article (SE0922) "[Alternative Process for Individual Eligible Professionals to Access Physician Quality Reporting Initiative \(PQRI\) and Electronic Prescribing \(E-Prescribing\) Feedback Reports.](#)" Visit <http://www.cms.hhs.gov/MLN Matters Articles/downloads/SE0922.pdf> on the CMS website. The TIN will not receive an aggregate report that includes all of the NPIs who have designated their billings under a TIN. This aggregated TIN level feedback report must be retrieved from the PQRI Portal, which requires an IACS user ID and password.

Quality Reporting Communication Support Page



(cont.)

- ◆ Four main sections
 - ◆ Requester information – includes user information and contact information
 - ◆ NPI-level feedback report request
 - ◆ Hardship exemption request – includes hardship exemption justification
 - ◆ User agreement
- ◆ Confirmation sent after submit successfully



Communication Support Page

User Information * Required Field

Legal Business Name (as enrolled in PECOS)*:

TIN (Last 4 digits)*: NPI*:

Email*: Confirm Email*:

Contact Information (Requestor)

First Name*: M.I.: Last Name*:

Address 1*: Address 2:

City*: State*:

Phone*: Zip Code*:

Ext: Requestor Relationship*:

Request NPI Level Feedback Report

Program Year: PQRS Feedback Report eRx Feedback Report eRx Payment Adjustment Feedback Report

Request Hardship Exemption (Select one AND complete Justification for Hardship Exemption)

I registered to participate in the Medicare or Medicaid EHR Incentive Programs for 2011 and have adopted Certified EHR technology

Registration ID # ONC Certification #

I have an inability to electronically prescribe due to local, State, or Federal law or regulation

I have limited prescribing activity

I had insufficient opportunities to report the electronic prescribing measure

I practice in a rural area without sufficient high speed Internet access

I practice in an area without sufficient available pharmacies for electronic prescribing

Justification for Hardship Exemption (required if submitting a hardship exemption):
Maximum of 250 words or 1,000 characters

User Agreement

"I do hereby attest that this information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of any material fact may subject me to administrative, civil, or criminal liability."

I accept User Agreement*

Help ?

Resources



- ◆ CMS eRx Incentive Program website, including Frequently Asked Questions:
<http://www.cms.gov/ERxIncentive>
- ◆ eRx Final Rule:
<http://www.gpo.gov/fdsys/pkg/FR-2011-09-06/pdf/2011-22629.pdf>
- ◆ eRx Proposed Rule:
http://www.cms.gov/ERxIncentive/04_Statute_Regulations.asp >
Downloads or directly at <http://www.gpo.gov/fdsys/pkg/FR-2011-06-01/pdf/2011-13463.pdf>
- ◆ Quality Reporting Communication Support Page:
<http://www.qualitynet.org/pqrs> or directly at
https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234

Where to Call for Help



◆ QualityNet Help Desk:

866-288-8912 (TTY 877-715-6222)

7:00 a.m.–7:00 p.m. CST M-F or qnetsupport@sdps.org

- ◆ You will be asked to provide basic information such as name, practice, address, phone, and e-mail

CMS Staff

QUESTIONS AND ANSWERS